

FINAL EVALUATION REPORT

Public Art & Cultural Facilities

Commission grant period July 1 to June 30



IDAHO COMMISSION ON THE ARTS

PO Box 83720

Boise, ID 83720-0008

208/334-2119

1-800/ART-FUND

Applicant _____ **TIN/EIN** _____

Project Title _____

Contact Person _____ **Phone** _____

Grant Number _____ **Grant Award\$** _____

*The period of this grant is from July 1 to June 30 of the current year. One copy of this report must be submitted to the Commission within 30 days of the completion of the grant period, but no later than **July 30th**. You are required to retain all financial records pertaining to the grant for a period of three years from the close of the grant period. Requests for extension for filing your final report must be submitted in writing, not later than **June 30th**.*

NARRATIVE EVALUATION OF THE REPORT **(attach pages as necessary)**

- Compare the actual accomplishments of the grant period to those set forth in the application.
- Explain the impact of the grant in the community/region, and the challenges encountered, etc.
- Please submit copies of programs, publicity, and other printed materials.

FINANCIAL INFORMATION

This report should reflect only those revenues and expenses directly related to the project which the grant was awarded.

EXPENSE CATEGORIES	Original Budget from Application	Actual Cash Expenses	ICA Grant (full amount) <i>Show how grant funds were spent</i>
1. Personnel/Administrative			
2. Personnel/Artistic			
3. Personnel/Technical			
4. Outside Artistic Fees			
5. Other Outside Fees			
6. Space Rental			
7. Travel			
8. Marketing			
9. Other Operating Costs			
10. Capital Acquisitions			
11. Other Capital Costs			
TOTAL EXPENSES			

INCOME CATEGORIES	Original Budget from Application	Actual Cash Income
1. Admissions		
2. Contracted Services		
3. Applicant Cash		
4. Corporate Support		
5. Foundation Support		
6. Other Private Support		
7. Government Support (Do not include ICA grants)		
8. Other: _____		
SUBTOTAL		
ICA GRANT AWARD		
TOTAL INCOME		

Does your Subtotal Income reflect your 1:1 cash match requirement (this cannot include federal dollars)?

ACTUAL IN-KIND MATCH: Although In-Kind can not be used as match, it can be used to demonstrate community support. For values over \$500 please attach your calculations.

Description	Value
TOTAL IN-KIND MATCH	

Describe any steps taken to meet ADA/504 regulations (Accessibility for the Handicapped):

I/we the undersigned certify that the foregoing information and all attachments to this report are true and correct and that all expenditures were incurred for the purpose of this grant.

Authorizing Official _____ Title_____

Signature _____ Phone _____ Date_____

Project Director _____ Title_____

Signature _____ Phone _____ Date_____